

ADDENDUM B
King County Police Officers Guild – King County Sheriff’s Office

King County

Deputy Sheriff’s Plan

	Deputy Sheriff’s Plan		Group Health Plan	
Plan Feature	Gold	Silver	Gold	Silver
Deductible	\$50 Single \$150 Family	\$200 Single \$600 Family	None	None
Out-of-Pocket Maximum	\$375 Single \$1,125 Family	\$800 Single \$1,600 Family	\$1,000 Single \$2,000 Family	\$1,500 Single \$3,000 Family
Lifetime Maximum	\$2,000,000	\$2,000,000	Unlimited	Unlimited
Inpatient Hospital	90%	80%	100%	100%
Physician Office Visit	90%	80%	\$7 copay then 100%	\$20 copay then 100%
Emergency Room	\$25 copay then 90%	\$50 copay then 80%	\$75 copay then 100%	\$100 copay then 100%
Other Services	90%	80%	80% - 100%	80% - 100%
Retail Prescription Drugs				
- Generic	\$7 copay	\$10 copay	\$5	\$10
- Preferred Brand	\$12 copay	\$15 copay	\$5	\$15
- Non-preferred Brand	\$25 copay	\$25 copay	Not Covered	Not Covered
Mail Order Prescription Drugs	2× Retail Copays	2× Retail Copays	2× Retail Copays	2× Retail Copays
Vision Plans through VSP	Frames \$130 every 2 yrs Lens every yr 100%	Frames \$130 every 2 yrs Lens every yr 100%	Frames \$130 every 2 yrs Lens every yr 100%	Frames \$130 every 2 yrs Lens every yr 100%
	Contacts \$105	Contacts \$105	Contacts \$105	Contacts \$105
Transplants	No Lifetime Max 12 month waiting period	No Lifetime Max 12 month waiting period	No Lifetime Max 12 month waiting period	No Lifetime Max 12 month waiting period